

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 09/987003 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50						
TOTAL IND	5	1				
TOTAL DEP.	36	1				
TOTAL CLAIMS	41	1				

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60						
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84						
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND	2	1				
TOTAL DEP.	38	1				
TOTAL CLAIMS	40	1				

81/7